

Exhibit B

MOTORS LIQUIDATION COMPANY GENERAL UNSECURED CREDITORS TRUST



CLAIMS ROOM

Creditor Summary

[Claims Room](#) -> Creditor Summary

Match Code: **unmatched-71107-01**

Filed Claims Tally	Count	Secured	Administrative	Priority	Unsecured	Total
As Filed	1	\$30,031.68	\$0.00	\$969,968.32	\$0.00	\$1,000,000.00
Current Status	1	\$0.00	\$0.00	\$0.00	\$10,000.00	\$10,000.00
Scheduled Claims Tally	Count	Secured	Administrative	Priority	Unsecured	Total
As Filed	0	\$0.00		\$0.00	\$0.00	\$0.00
Current Status	0	\$0.00		\$0.00	\$0.00	\$0.00

Filed Claims

Claim #	Creditor	Date	Total	Status	C/U/U/D	Debtor	Transferred
MLC-007110	JERMEY DELAROSA	04/14/2011	\$10,000.00	Letter Campaign	□□□□	Motors Liquidation Company	□
Records per page: 25		Records: 1 - 1 of 1 - Pages: 1					

Scheduled Liabilities

Schedule #	Creditor	Total	Status	C/U/U/D	Debtor	Transferred
There are no records available.						
Records per page: 25		Records: 0 - 0 of 0 - Pages: 1				

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MOTORS LIQUIDATION COMPANY GENERAL UNSECURED CREDITORS TRUST



CLAIMS ROOM

View Claim Details

[Claims Room](#) -> [View Claim](#)

Creditor: JERMEY DELAROSA
Debtor: Motors Liquidation Company
Current Claim Status: **Letter Campaign**

Claim Number: **MLC-0071107**
Date Filed: **Apr 14, 2011**
View Claim Image: [Download](#)

Original Filed Amount	Secured	Admin	Priority	Unsecured	Total
	\$30,031.68	\$0.00	\$969,968.32	\$0.00	\$1,000,000.00
Current Amount	\$0.00	\$0.00	\$0.00	\$10,000.00	\$10,000.00

Hotline
(800) 414-9607

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UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
Name of Debtor (Check Only One) <input checked="" type="checkbox"/> Motors Liquidation Company (f/k/a General Motors Corporation) <input type="checkbox"/> MLCS, LLC (f/k/a Saturn, LLC) <input type="checkbox"/> MLCS Distribution Corporation (f/k/a Saturn Distribution Corporation) <input type="checkbox"/> MLC of Harlem, Inc (f/k/a Chevrolet-Saturn of Harlem, Inc)		Case No 09-50026 (REG) 09-50027 (REG) 09-50028 (REG) 09-13558 (REG)
NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case, but may be used for purposes of asserting a claim under 11 U.S.C. § 503(b)(9) (see Item # 5) All other requests for payment of an administrative expense should be filed pursuant to 11 U.S.C. § 503		
Name of Creditor (the person or other entity to whom the debtor owes money or property) <u>JERMEY DELAROSA</u>	<input checked="" type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim Court Claim Number: <u>650662</u> (If known) Filed on _____	
Name and address where notices should be sent. <u>40 SYLVIA Quinn</u> <u>1002 - 18th St NW</u> <u>Apt G-25</u> <u>Childress TX 79201</u> Telephone number <u>940-475-1445</u> Email Address _____	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars <input checked="" type="checkbox"/> Check this box if you are the debtor or trustee in this case	
Name and address where payment should be sent (if different from above) <div style="text-align: center;"> FILED - 71107 MOTORS LIQUIDATION COMPANY F/K/A GENERAL MOTORS CORP SDNY # 09-50026 (REG) </div> Telephone number _____		Your Claim is Scheduled As Follows. <div style="text-align: center; border: 1px solid black; border-radius: 50%; padding: 10px; width: 150px; margin: 0 auto;"> THE GARDEN CITY GROUP, INC APR 14 2011 </div> <p style="font-size: x-small;">If an amount is identified above, you have a claim scheduled by one of the Debtors as shown (This scheduled amount of your claim may be an amendment to a previously scheduled amount) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form. EXCEPT AS FOLLOWS If the amount shown is listed as DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.</p>
1. Amount of Claim as of Date Case Filed, June 1, 2009: <u>\$ 1,000,000.00</u> If all or part of your claim is secured, complete item 4 below, however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. If all or part of your claim is asserted pursuant to 11 U.S.C. § 503(b)(9), complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input checked="" type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4) <input checked="" type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5) <input checked="" type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Value of goods received by the Debtor within 20 days before the date of commencement of the case - 11 U.S.C. § 503(b)(9) (§ 507(a)(2)) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)() Amount entitled to priority. _____
2. Basis for Claim: <u>Personal injury / wrongful death</u> (See instruction #2 on reverse side)		
3. Last four digits of any number by which creditor identifies debtor: _____ 3a. Debtor may have scheduled account as: <u>650662</u> (See instruction #3a on reverse side)		
4. Secured Claim (See instruction #4 on reverse side) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input checked="" type="checkbox"/> Motor Vehicle <input type="checkbox"/> Equipment <input type="checkbox"/> Other Describe: _____ Value of Property: <u>\$ 30,031.48</u> Annual Interest Rate <u>10.82%</u> Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: <u>\$ 30,031.48</u> Amount Unsecured: \$ _____		
6 Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim 7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary (See instruction 7 and definition of "redacted" on reverse side) DO NOT SEND ORIGINAL DOCUMENTS ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING If the documents are not available, please explain in an attachment: _____		*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment
Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. Date: _____ <u>Sylvia Quinn</u> <u>Personal Representative</u> <u>of Estate of Jermeiy</u>		FOR COURT USE ONLY

MOTORS LIQUIDATION COMPANY GENERAL UNSECURED CREDITORS TRUST



CLAIMS ROOM

Creditor Summary

[Claims Room](#) -> Creditor Summary

Match Code: **unmatched-71177-01**

Filed Claims Tally	Count	Secured	Administrative	Priority	Unsecured	Total
As Filed	1	\$0.00	\$0.00	\$0.00	\$21,750.00	\$21,750.00
Current Status	1	\$0.00	\$0.00	\$0.00	\$21,750.00	\$21,750.00
Scheduled Claims Tally	Count	Secured	Administrative	Priority	Unsecured	Total
As Filed	0	\$0.00		\$0.00	\$0.00	\$0.00
Current Status	0	\$0.00		\$0.00	\$0.00	\$0.00

Filed Claims

Claim #	Creditor	Date	Total	Status	C/U/U/D	Debtor	Transferred
MLC-00711	DONALD WARNER C/O JOSEPH H HOWITT ESQ	05/27/2011	\$21,750.00	Claim Allowed	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Motors Liquidation Company	<input type="checkbox"/>
Records per page: 25		Records: 1 - 1 of 1 - Pages: 1					

Scheduled Liabilities

Schedule #	Creditor	Total	Status	C/U/U/D	Debtor	Transferred
There are no records available.						
Records per page: 25		Records: 0 - 0 of 0 - Pages: 1				

Hotline
(800) 414-9607

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MOTORS LIQUIDATION COMPANY GENERAL UNSECURED CREDITORS TRUST



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- Documents
- Claims**
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CLAIMS ROOM

View Claim Details

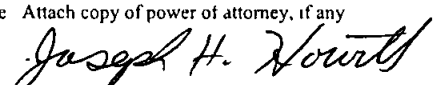
[Claims Room](#) -> [View Claim](#)

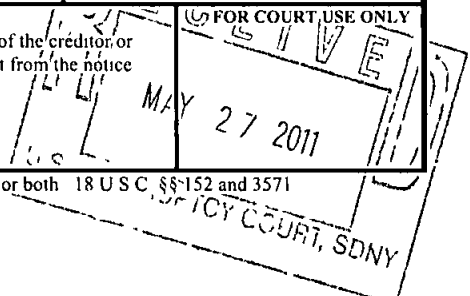
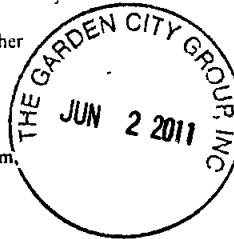
Creditor: DONALD WARNER C/O JOSEPH H HOWITT ESQ				Claim Number: MLC-0071177	
Debtor: Motors Liquidation Company				Date Filed: May 27, 2011	
Current Claim Status: Claim Allowed				View Claim Image: Download	
Original Filed Amount	Secured	Admin	Priority	Unsecured	Total
	\$0.00	\$0.00	\$0.00	\$21,750.00	\$21,750.00
Current Amount					
	\$0.00	\$0.00	\$0.00	\$21,750.00	\$21,750.00

Hotline
(800) 414-9607

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B-10 (Official Form 10) (04/10)

UNITED STATES BANKRUPTCY COURT Southern District of New York		PROOF OF CLAIM
Name of Debtor Motors Liquidation Company, et al, f/k/a General Motors Corp., et al		Case Number 09-50026
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property) Donald Warner c/o Joseph H Howitt, Esq		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number _____ (If known) Filed on _____
Name and address where notices should be sent Joseph H Howitt, Esq 18831 W 12 Mile Rd Lathrup Village, MI 48076 Telephone number (248) 350-3700		
Name and address where payment should be sent (if different from above)		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
Telephone number		
1 Amount of Claim as of Date Case Filed: \$ <u>21,750.00</u> If all or part of your claim is secured, complete item 4 below, however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5 Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). Amount entitled to priority \$ _____ *Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
2 Basis for Claim <u>claim for MI no-fault benefits</u> (See instruction #2 on reverse side)		
3 Last four digits of any number by which creditor identifies debtor: _____ 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side)		
4. Secured Claim (See instruction #4 on reverse side) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe _____ Value of Property \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any \$ _____ Basis for perfection, _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		
6 Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		
7. Documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side). DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: _____		
Date <u>5-26-11</u>	Signature. The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.  Joseph H. Howitt	



MOTORS LIQUIDATION COMPANY GENERAL UNSECURED CREDITORS TRUST



CLAIMS ROOM

Creditor Summary

[Claims Room](#) -> Creditor Summary

Match Code: **71185-01**

Filed Claims Tally	Count	Secured	Administrative	Priority	Unsecured	Total
As Filed	6	\$0.00	\$0.00	\$0.00	\$2,800,000.00	\$2,800,000.00
Current Status	6	\$0.00	\$0.00	\$0.00	\$650,000.00	\$650,000.00
Scheduled Claims Tally	Count	Secured	Administrative	Priority	Unsecured	Total
As Filed	0	\$0.00		\$0.00	\$0.00	\$0.00
Current Status	0	\$0.00		\$0.00	\$0.00	\$0.00

Filed Claims

Claim #	Creditor	Date	Total	Status	C/U/U/D	Debtor	Transferred
MLC-00711	ARANZUZA MEJIA	06/17/2011	\$520,000.00	Stipulation	□□□□	Motors Liquidation Company	□
MLC-00711	JUAN CARLOS MEJIA	06/17/2011	\$26,000.00	Stipulation	□□□□	Motors Liquidation Company	□
MLC-00711	MARIA ALEJANDRA MEJIA	06/17/2011	\$26,000.00	Stipulation	□□□□	Motors Liquidation Company	□
MLC-00711	ARANZUZA MEJIA AS GUARDIAN OF LUCAS MEJIA	06/17/2011	\$26,000.00	Stipulation	□□□□	Motors Liquidation Company	□
MLC-00711	ARANZUZA MEJIA AS GUARDIAN OF SANTIAGO MEJIA	06/17/2011	\$26,000.00	Stipulation	□□□□	Motors Liquidation Company	□
MLC-00711	ARANZUZA MEJIA AS GUARDIAN OF NICOLAS MEJIA	06/17/2011	\$26,000.00	Stipulation	□□□□	Motors Liquidation Company	□

Records per page: 25

Records: 1 - 6 of 6 - Pages: 1

Scheduled Liabilities

Schedule #	Creditor	Total	Status	C/U/U/D	Debtor	Transferred
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There are no records available.

Records per page: 25

Records: 0 - 0 of 0 - Pages: 1

MOTORS LIQUIDATION COMPANY GENERAL UNSECURED CREDITORS TRUST



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CLAIMS ROOM

View Claim Details

[Claims Room](#) -> [View Claim](#)

Creditor: ARANZUZA MEJIA
Debtor: Motors Liquidation Company
Current Claim Status: **Stipulation**

Claim Number: **MLC-0071185**
Date Filed: **Jun 17, 2011**
View Claim Image: [Download](#)

Original Filed Amount	Secured	Admin	Priority	Unsecured	Total
	\$0.00	\$0.00	\$0.00	\$1,200,000.00	\$1,200,000.00
Current Amount					
	\$0.00	\$0.00	\$0.00	\$520,000.00	\$520,000.00

Hotline
(800) 414-9607

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B 10 (Official Form 10) (04/10)

UNITED STATES BANKRUPTCY COURT Southern District of New York		PROOF OF CLAIM
Name of Debtor GENERAL MOTORS CORPORATION		Case Number 09-50026 (REG)
NOT: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property) ARANZUZA MEJIA		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim
Name and address where notices should be sent Edoardo Rigo Salvatore, Esq SALVATORE & NOKES, LLP 410 Broadway, Suite 100 Laguna Beach, CA 92651		Court Claim Number _____ (If known)
Telephone number (949) 494-0909		Filed on _____
Name and address where payment should be sent (if different from above) Same as above FILED - 71185 MOTORS LIQUIDATION COMPANY F/K/A GENERAL MOTORS CORP SDNY # 09-50026 (REG)		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars
Telephone number		<input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1 Amount of Claim as of Date Case Filed \$ <u>2,000,000.00</u>		5 Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.
If all or part of your claim is secured, complete item 4 below. However, if all of your claim is unsecured, do not complete item 4.		Specify the priority of the claim
If all or part of your claim is entitled to priority, complete item 5.		<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		<input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4)
2 Basis for Claim <u>Personal injury/Wrongful death on June 20, 2009. See attached</u> (See instruction #2 on reverse side)		<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)
3 Last four digits of any number by which creditor identifies debtor _____		<input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7)
3a Debtor may have scheduled account as _____ (See instruction #3a on reverse side)		<input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)
4 Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.		<input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) _____
Nature of property or right of setoff <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other		Amount entitled to priority \$ _____
Describe		
Value of Property \$ _____ Annual Interest Rate _____ %		
Amount of arrearage and other charges as of time case filed included in secured claim,		
if any \$ _____ Basis for perfection _____		
Amount of Secured Claim \$ _____ Amount Unsecured \$ _____		
6 Credits The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		
7 Documents Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)		
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.		
If the documents are not available, please explain.		
Date 06/16/2011	Signature The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. <i>Edoardo Rigo Salvatore</i>	
		FOR COURT USE ONLY

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

MOTORS LIQUIDATION COMPANY GENERAL UNSECURED CREDITORS TRUST



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CLAIMS ROOM

View Claim Details [Claims Room -> View Claim](#)

Creditor: JUAN CARLOS MEJIA			Claim Number: MLC-0071186		
Debtor: Motors Liquidation Company			Date Filed: Jun 17, 2011		
Current Claim Status: Stipulation			View Claim Image: Download		
Original Filed Amount	Secured	Admin	Priority	Unsecured	Total
	\$0.00	\$0.00	\$0.00	\$600,000.00	\$600,000.00
Current Amount					
	\$0.00	\$0.00	\$0.00	\$26,000.00	\$26,000.00

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B 10 (Official Form 10) (04/10)

UNITED STATES BANKRUPTCY COURT Southern District of New York		PROOF OF CLAIM
Name of Debtor GENERAL MOTORS CORPORATION		Case Number 09-50026 (REG)
<small>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</small>		
Name of Creditor (the person or other entity to whom the debtor owes money or property) JUAN CARLOS MEJIA		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number _____ (If known) Filed on _____
Name and address where notices should be sent <div style="text-align: right;"> Edoardo Rigo Salvatore, Esq SALVATORE & NOKES, LLP 410 Broadway, Suite 100 Laguna Beach, CA 92651 </div> Telephone number (949) 494-0909		
Name and address where payment should be sent (if different from above) Same as above <div style="text-align: center;"> FILED - 71186 MOTORS LIQUIDATION COMPANY F/K/A GENERAL MOTORS CORP SDNY # 09-50026 (REG) </div> Telephone number _____		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed \$ <u>2,000,000.00</u> If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (1). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. § 507 (a)(4) <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5) <input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8) <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____) Amount entitled to priority \$ _____
2. Basis for Claim <u>Personal injury/Wrongful death on June 20, 2009. See attached</u> (See instruction #2 on reverse side.)		*Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
3. Last four digits of any number by which creditor identifies debtor: _____ 3a. Debtor may have scheduled account as _____ (See instruction #3a on reverse side.)		
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any \$ _____ Basis for perfection _____ Amount of Secured Claim \$ _____ Amount Unsecured \$ _____		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: _____		
Date 06/16/2011		Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

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MOTORS LIQUIDATION COMPANY GENERAL UNSECURED CREDITORS TRUST



CLAIMS ROOM

View Claim Details

[Claims Room](#) -> [View Claim](#)

Creditor: MARIA ALEJANDRA MEJIA
Debtor: Motors Liquidation Company
Current Claim Status: **Stipulation**

Claim Number: **MLC-0071187**
Date Filed: Jun 17, 2011
View Claim Image: [Download](#)

Original Filed Amount	Secured	Admin	Priority	Unsecured	Total
	\$0.00	\$0.00	\$0.00	\$400,000.00	\$400,000.00
Current Amount					
	\$0.00	\$0.00	\$0.00	\$26,000.00	\$26,000.00

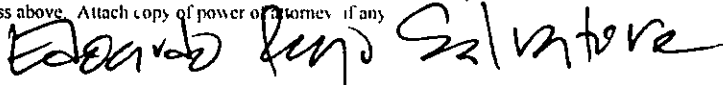
Hotline
(800) 414-9607

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B 10 (Official Form 10) (04/10)

UNITED STATES BANKRUPTCY COURT Southern District of New York		PROOF OF CLAIM
Name of Debtor GENERAL MOTORS CORPORATION		Case Number 09-50026 (REG)
NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property) MARIA ALEJANDRA MEJIA		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent Edoardo Rigo Salvatore, Esq. SALVATORE & NOKES, LLP 410 Broadway, Suite 100 Laguna Beach, CA 92651		Court Claim Number _____ (If known)
Telephone number (949) 494-0909		Filed on _____
Name and address where payment should be sent (if different from above) Same as above FILED - 71187 MOTORS LIQUIDATION COMPANY F/K/A GENERAL MOTORS CORP.		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
Telephone number SDNY # 09-50026 (REG)		<input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed \$ <u>2,000,000.00</u>		5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5) <input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)() Amount entitled to priority \$ _____
If all or part of your claim is secured, complete item 4 below. However, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		
2. Basis for Claim <u>Personal injury on June 20, 2009. See attached</u> (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: _____ 3a. Debtor may have scheduled account as _____ (See instruction #3a on reverse side.)		
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe _____ Value of Property \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any \$ _____ Basis for perfection _____ Amount of Secured Claim \$ _____ Amount Unsecured \$ _____		
6. Credits The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		
7. Documents Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain _____		
Date 06/16/2011	Signature The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. 	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

MOTORS LIQUIDATION COMPANY GENERAL UNSECURED CREDITORS TRUST



CLAIMS ROOM

View Claim Details

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Creditor: ARANZUZA MEJIA AS GUARDIAN OF LUCAS MEJIA
Debtor: Motors Liquidation Company
Current Claim Status: **Stipulation**

Claim Number: **MLC-0071188**
Date Filed: Jun 17, 2011
View Claim Image: [Download](#)

Original Filed Amount	Secured	Admin	Priority	Unsecured	Total
	\$0.00	\$0.00	\$0.00	\$200,000.00	\$200,000.00
Current Amount					
	\$0.00	\$0.00	\$0.00	\$26,000.00	\$26,000.00

Hotline
(800) 414-9607

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B 10 (Official Form 10) (04/10)

UNITED STATES BANKRUPTCY COURT Southern District of New York		PROOF OF CLAIM
Name of Debtor GENERAL MOTORS CORPORATION		Case Number 09-50026 (REG)
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property) ARANZUZA MEJIA as guardian of LUCAS MEJIA		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim
Name and address where notices should be sent Edoardo Rigo Salvatore, Esq SALVATORE & NOKES, LLP 410 Broadway, Suite 100 Laguna Beach, CA 92651		Court Claim Number _____ (If known)
Telephone number (949) 494-0909		Filed on _____
Name and address where payment should be sent (if different from above) Same as above FILED - 71188 MOTORS LIQUIDATION COMPANY F/K/A GENERAL MOTORS CORP		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars
Telephone number SDNY # 09-50026 (REG)		<input type="checkbox"/> Check this box if you are the debtor or trustee in this case
1. Amount of Claim as of Date Case Filed \$ <u>2,000,000.00</u> If all or part of your claim is secured, complete item 4 below, however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5) <input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)() _____ Amount entitled to priority \$ _____
2. Basis for Claim <u>Personal injury on June 20, 2009. See attached</u> (See instruction #2 on reverse side)		
3. Last four digits of any number by which creditor identifies debtor _____ 3a. Debtor may have scheduled account as _____ (See instruction #3a on reverse side)		
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Describe: _____ Value of Property \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any \$ _____ Basis for perfection _____ Amount of Secured Claim \$ _____ Amount Unsecured \$ _____		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		
7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AT THE SCANNING. If the documents are not available, please explain: _____		
Date 06/16/2011	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney if any. Edoardo Rigo Salvatore	
		FOR COURT USE ONLY

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

MOTORS LIQUIDATION COMPANY GENERAL UNSECURED CREDITORS TRUST



CLAIMS ROOM

View Claim Details

[Claims Room](#) -> View Claim

Creditor: ARANZUZA MEJIA AS GUARDIAN OF SANTIAGO MEJIA
Debtor: Motors Liquidation Company
Current Claim Status: **Stipulation**

Claim Number: **MLC-0071189**
Date Filed: **Jun 17, 2011**
View Claim Image: [Download](#)

Original Filed Amount	Secured	Admin	Priority	Unsecured	Total
	\$0.00	\$0.00	\$0.00	\$200,000.00	\$200,000.00
Current Amount					
	\$0.00	\$0.00	\$0.00	\$26,000.00	\$26,000.00

Hotline
(800) 414-9607

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B 10 (Official Form 10) (04/10)

UNITED STATES BANKRUPTCY COURT Southern District of New York		PROOF OF CLAIM
Name of Debtor GENERAL MOTORS CORPORATION		Case Number 09-50026 (REG)
NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property) ARANZUZA MEJIA as guardian of SANTIAGO MEJIA		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number _____ (if known) Filed on _____
Name and address where notices should be sent <div style="text-align: right;"> Edoardo Rigo Salvatore, Esq SALVATORE & NOKES, LLP 410 Broadway, Suite 100 Laguna Beach, CA 92651 </div>		
Telephone number (949) 494-0909		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
Name and address where payment should be sent (if different from above) Same as above <div style="text-align: center;"> FILED - 71189 MOTORS LIQUIDATION COMPANY F/K/A GENERAL MOTORS CORP SDNY # 09-50026 (REG) </div>		
1 Amount of Claim as of Date Case Filed \$ <u>2,000,000.00</u> If all or part of your claim is secured, complete item 4 below, however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5 Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5) <input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)() Amount entitled to priority \$ _____ <small>*Amounts are subject to adjustment on 1/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>
2 Basis for Claim <u>Personal injury on June 20, 2009. See attached</u> (See instruction #2 on reverse side.)		
3 Last four digits of any number by which creditor identifies debtor _____ 3a Debtor may have scheduled account as _____ (See instruction #3a on reverse side.)		
4 Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe _____ Value of Property \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any \$ _____ Basis for perfection _____ Amount of Secured Claim \$ _____ Amount Unsecured \$ _____		
6 Credits The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 7 Documents Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: _____		
Date 06/16/2011	Signature The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. <div style="text-align: center;"> Edoardo Rigo Salvatore </div>	
		FOR COURT USE ONLY

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

MOTORS LIQUIDATION COMPANY GENERAL UNSECURED CREDITORS TRUST



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- Claims**
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CLAIMS ROOM

View Claim Details

[Claims Room](#) -> [View Claim](#)

Creditor: ARANZUZA MEJIA AS GUARDIAN OF NICOLAS MEJIA			Claim Number: MLC-0071190		
Debtor: Motors Liquidation Company			Date Filed: Jun 17, 2011		
Current Claim Status: Stipulation			View Claim Image: Download		
Original Filed Amount	Secured	Admin	Priority	Unsecured	Total
	\$0.00	\$0.00	\$0.00	\$200,000.00	\$200,000.00
Current Amount					
	\$0.00	\$0.00	\$0.00	\$26,000.00	\$26,000.00

Hotline
(800) 414-9607

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B 10 (Official Form 10) (04/10)

UNITED STATES BANKRUPTCY COURT Southern District of New York		PROOF OF CLAIM	
Name of Debtor GENERAL MOTORS CORPORATION		Case Number 09-50026 (REG)	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (the person or other entity to whom the debtor owes money or property) ARANZUZA MEJIA as guardian of NICOLAS MEJIA		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.	
Name and address where notices should be sent Edoardo Rigo Salvatore, Esq. SALVATORE & NOKES, LLP 410 Broadway, Suite 100 Laguna Beach, CA 92651		Court Claim Number _____ (If known)	
Telephone number (949) 494-0909		Filed on _____	
Name and address where payment should be sent (if different from above) Same as above FILED - 71190 MOTORS LIQUIDATION COMPANY F/K/A GENERAL MOTORS CORP SDNY # 09-50026 (REG)		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
Telephone number _____		<input type="checkbox"/> Check this box if you are the debtor or trustee in this case.	
1. Amount of Claim as of Date Case Filed \$ 2,000,000.00		5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.	
If all or part of your claim is secured, complete item 4 below. However, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5) <input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____)	
2. Basis for Claim Personal injury on June 20, 2009. See attached. (See instruction #2 on reverse side.)		Amount entitled to priority \$ _____	
3. Last four digits of any number by which creditor identifies debtor _____ 3a. Debtor may have scheduled account as _____ (See instruction #3a on reverse side.)		*Amounts are subject to adjustment on 1/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
4. Secured Claim (See instruction #4 on reverse side). Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Describe: _____ Value of Property \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim: _____ if any \$ _____ Basis for perfection _____ Amount of Secured Claim \$ _____ Amount Unsecured \$ _____		THE GARDEN CITY GROUP, INC. JUN 17 2011	
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		Amount entitled to priority \$ _____	
7. Documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: _____		FOR COURT USE ONLY	
Date 06/16/2011		Signature. The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. Edoardo Rigo Salvatore	

Penalty for presenting fraudulent claim	1 inc. of up to \$500,000 or imprisonment for up to 5 years, or both	18 U.S.C. §§ 152 and 3571
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MOTORS LIQUIDATION COMPANY GENERAL UNSECURED CREDITORS TRUST



CLAIMS ROOM

Creditor Summary

[Claims Room](#) -> Creditor Summary

Match Code: **unmatched-71280-01**

Filed Claims Tally	Count	Secured	Administrative	Priority	Unsecured	Total
As Filed	1	\$0.00	\$0.00	\$0.00	\$25,000.00	\$25,000.00
Current Status	1	\$0.00	\$0.00	\$0.00	\$25,000.00	\$25,000.00
Scheduled Claims Tally	Count	Secured	Administrative	Priority	Unsecured	Total
As Filed	0	\$0.00		\$0.00	\$0.00	\$0.00
Current Status	0	\$0.00		\$0.00	\$0.00	\$0.00

Filed Claims

Claim #	Creditor	Date	Total	Status	C/U/U/D	Debtor	Transferred
MLC-0071280	MICHAEL D STRANEY	04/02/2013	\$25,000.00	Stipulation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Motors Liquidation Company	<input type="checkbox"/>
Records per page: 25		Records: 1 - 1 of 1 - Pages: 1					

Scheduled Liabilities

Schedule #	Creditor	Total	Status	C/U/U/D	Debtor	Transferred
There are no records available.						
Records per page: 25		Records: 0 - 0 of 0 - Pages: 1				

Hotline
(800) 414-9607

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MOTORS LIQUIDATION COMPANY GENERAL UNSECURED CREDITORS TRUST



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CLAIMS ROOM


View Claim Details [Claims Room](#) -> View Claim

Creditor: MICHAEL D STRANEY			Claim Number: MLC-0071280		
Debtor: Motors Liquidation Company			Date Filed: Apr 02, 2013		
Current Claim Status: Stipulation			View Claim Image: Download		
Original Filed Amount	Secured	Admin	Priority	Unsecured	Total
	\$0.00	\$0.00	\$0.00	\$25,000.00	\$25,000.00
Current Amount	\$0.00	\$0.00	\$0.00	\$25,000.00	\$25,000.00

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UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
<p>Name of Debtor (Check Only One):</p> <p><input type="checkbox"/> Motors Liquidation Company (f/k/a General Motors Corporation)</p> <p><input type="checkbox"/> MLCS, LLC (f/k/a Saturn, LLC)</p> <p><input type="checkbox"/> MLCS Distribution Corporation (f/k/a Saturn Distribution Corporation)</p> <p><input type="checkbox"/> MLC of Harlem, Inc. (f/k/a Chevrolet Saturn of Harlem, Inc.)</p>	<p>Case No.:</p> <p>09-50026 (REG)</p> <p>09-50027 (REG)</p> <p>09-50028 (REG)</p> <p>09-13558 (REG)</p>	<p>Your Claim is Scheduled As Follows:</p>
<p><small>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case, but may be used for purposes of asserting a claim under 11 U.S.C. § 503(b)(9) (see item # 3). All other requests for payment of an administrative expense should be filed pursuant to 11 U.S.C. § 503.</small></p>		
<p>Name of Creditor (the person or other entity to whom the debtor owes money or property): Michael D Straney</p>	<p><input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.</p>	<div style="text-align: center;">  </div> <p><small>If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.</small></p>
<p>Name and address where notices should be sent:</p> <p>Stephen Wasinger 32121 Woodward Avenue, Suite 300 Royal Oak, MI 48073</p> <p>Telephone number: (248) 544-7097 Email Address: sfw@sfwlaw.com</p>	<p>Court Claim Number: _____ <small>(If known)</small></p> <p>Filed on: _____</p>	
<p>Name and address where payment should be sent (if different from above):</p> <p style="text-align: center;">FILED - 71280 MOTORS LIQUIDATION COMPANY F/K/A GENERAL MOTORS CORP SDNY # 09-50026 (REG)</p> <p>Telephone number: _____</p>	<p><input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.</p> <p><input type="checkbox"/> Check this box if you are the debtor or trustee in this case.</p>	
<p>1. Amount of Claim as of Date Case Filed, June 1, 2009: <u>\$ 25,000</u></p> <p><small>If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. If all or part of your claim is asserted pursuant to 11 U.S.C. § 503(b)(9), complete item 5.</small></p> <p><input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.</p>		
<p>2. Basis for Claim: <u>Staney v General Motors, No. 08-1227 (6th Cir)</u> <small>(See instruction #2 on reverse side.)</small></p>		<p>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.</p> <p>Specify the priority of the claim.</p> <p><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).</p> <p><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).</p> <p><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).</p> <p><input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).</p> <p><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).</p> <p><input type="checkbox"/> Value of goods received by the Debtor within 20 days before the date of commencement of the case - 11 U.S.C. § 503(b)(9) (§ 507(a)(2)).</p> <p><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)().</p> <p style="text-align: right;">Amount entitled to priority: \$ _____</p> <p><small>*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small></p>
<p>3. Last four digits of any number by which creditor identifies debtor: _____</p> <p>3a. Debtor may have scheduled account as: _____ <small>(See instruction #3a on reverse side.)</small></p>		
<p>4. Secured Claim (See instruction #4 on reverse side.)</p> <p>Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.</p> <p>Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Equipment <input type="checkbox"/> Other</p> <p>Describe: _____</p> <p>Value of Property: \$ _____ Annual Interest Rate: % _____</p> <p>Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____</p> <p>Basis for perfection: _____</p> <p>Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____</p>		
<p>6. Creditors: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.</p>		
<p>7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. <small>(See instruction 7 and definition of "redacted" on reverse side.)</small></p> <p>DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.</p> <p>If the documents are not available, please explain in an attachment.</p>		
<p>Date: <u>4/1/13</u></p>	<p>Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.</p> <p>Stephen Wasinger as attorney in fact for Michael D Straney</p>	<p>FOR COURT USE ONLY</p>

MOTORS LIQUIDATION COMPANY GENERAL UNSECURED CREDITORS TRUST



CLAIMS ROOM

Creditor Summary

[Claims Room](#) -> Creditor Summary

Match Code: **unmatched-71296-01**

Filed Claims Tally	Count	Secured	Administrative	Priority	Unsecured	Total
As Filed	1	\$0.00	\$0.00	\$0.00	\$2,500,000.00	\$2,500,000.00
Current Status	1	\$0.00	\$0.00	\$0.00	\$2,500,000.00	\$2,500,000.00
Scheduled Claims Tally	Count	Secured	Administrative	Priority	Unsecured	Total
As Filed	0	\$0.00		\$0.00	\$0.00	\$0.00
Current Status	0	\$0.00		\$0.00	\$0.00	\$0.00

Filed Claims

Claim #	Creditor	Date	Total	Status	C/U/U/D	Debtor	Transferred
MLC-0071296	HELMER MARTINS RICE & POPHAM CO LPA	12/19/2013	\$2,500,000.00	Stipulation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Motors Liquidation Company	<input type="checkbox"/>
Records per page: 25		Records: 1 - 1 of 1 - Pages: 1					

Scheduled Liabilities

Schedule #	Creditor	Total	Status	C/U/U/D	Debtor	Transferred
There are no records available.						
Records per page: 25		Records: 0 - 0 of 0 - Pages: 1				

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MOTORS LIQUIDATION COMPANY GENERAL UNSECURED CREDITORS TRUST

CLAIMS ROOM

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Creditor: HELMER MARTINS RICE & POPHAM CO LPA				Claim Number:	MLC-0071296
Debtor: Motors Liquidation Company				Date Filed:	Dec 19, 2013
Current Claim Status: Stipulation				View Claim Image:	Download
Original Filed Amount	Secured	Admin	Priority	Unsecured	Total
	\$0.00	\$0.00	\$0.00	\$2,500,000.00	\$2,500,000.00
Current Amount	\$0.00	\$0.00	\$0.00	\$2,500,000.00	\$2,500,000.00

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P-APSSF-POC

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
<p>Name of Debtor (Check Only One):</p> <ul style="list-style-type: none"> <input checked="" type="radio"/> Motors Liquidation Company (f/k/a General Motors Corporation) <input type="radio"/> MLCS, LLC (f/k/a Saturn, LLC) <input type="radio"/> MLCS Distribution Corporation (f/k/a Saturn Distribution Corporation) <input type="radio"/> MLC of Harlem, Inc. (f/k/a Chevrolet-Saturn of Harlem, Inc.) <p>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case, but may be used for purposes of asserting a claim under 11 U.S.C. § 503(b)(9) (see item 5). All other requests for payment of an administrative expense should be filed pursuant to 11 U.S.C. § 503.</p>	<p>Case No.</p> <p>09-50026 (REG) 09-50027 (REG) 09-50028 (REG) 09-13558 (REG)</p>	<p>Your Claim is Scheduled As Follows:</p> <div style="border: 2px solid black; border-radius: 50%; width: 150px; height: 150px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <div style="text-align: left; font-size: 0.8em;"> <p>THE GARDEN CITY GROUP INC.</p> <p>DEC 19 2013</p> </div> </div> <p>FILED - 71296</p> <p>MOTORS LIQUIDATION COMPANY</p> <p>F/K/A GENERAL MOTORS CORP</p> <p>SDNY # 09-50026 (REG)</p> <p style="font-size: 0.7em;">If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form. EXCEPT AS FOLLOWS: If the amount shown is listed as DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.</p>
<p>Name of Creditor (the person or other entity to whom the debtor owes money or property): Helmer, Martins, Rice & Popham Co., L.P.A.</p> <p>Name and address where notices should be sent:</p> <p>James B. Helmer, Jr. 600 Vine Street Suite 2704 Cincinnati, OH 45202</p> <p>Telephone number: 513.421.2400 Email Address: jhelmer@fcalawfirm.com</p>	<p><input type="radio"/> Check this box to indicate that this claim amends a previously filed claim.</p> <p>Court Claim Number: _____ (If known)</p> <p>Filed on: _____</p>	
<p>Name and address where payment should be sent (if different from above):</p> <p>Telephone number: _____</p>	<p><input type="radio"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.</p> <p><input type="radio"/> Check this box if you are the debtor or trustee in this case.</p>	
<p>1. Amount of Claim as of Date Case Filed, June 1, 2009: \$ <u>12,500,000</u></p> <p>If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. If all or part of your claim is asserted pursuant to 11 U.S.C. § 503(b)(9), complete item 5.</p> <p><input type="radio"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.</p> <p>2. Basis for Claim: <u>See addendum annexed hereto</u> (See instruction #2 on reverse side)</p> <p>3. Last four digits of any number by which creditor identifies debtor: _____</p> <p>3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side)</p> <p>4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.</p> <p>Nature of property or right of setoff: <input type="radio"/> Real Estate <input type="radio"/> Motor Vehicle <input type="radio"/> Equipment <input type="radio"/> Other</p> <p>Describe: _____</p> <p>Value of Property: \$ _____ Annual Interest Rate: _____ %</p> <p>Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____</p> <p>Basis for perfection: _____</p> <p>Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____</p>		
<p>6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.</p> <p>7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)</p> <p>DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.</p> <p>If the documents are not available, please explain in an attachment</p>		<p>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.</p> <p>Specify the priority of the claim.</p> <p><input type="radio"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).</p> <p><input type="radio"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).</p> <p><input type="radio"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)</p> <p><input type="radio"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).</p> <p><input type="radio"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).</p> <p><input type="radio"/> Value of goods received by the Debtor within 20 days before the date of commencement of the case - 11 U.S.C. § 503(b)(9) (§ 507(a)(2))</p> <p><input type="radio"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)().</p> <p>Amount entitled to priority: \$ _____</p> <p style="font-size: 0.7em;">*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</p>
<p>Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.</p> <p>Date: <u>12-14-13</u></p> <p><i>James B. Helmer, Jr.</i> James B. Helmer, Jr. President, Helmer, Martins Rice & Popham Co., L.P.A.</p>		<p>FOR COURT USE ONLY</p>

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both, 18 U.S.C. §§ 152 and 157. Modified §10 (GCG) (12/08)

CSL